UTILITY PATENT APPLICATION TRANSMITTAL

MAIL STOP PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Customer No. 23696 Attorney Docket No.: 000465 Date: September 10, 2003

Express Mail Label No.: EV328152619US

Dear Sir:					
Transmitted herewith for filing is the patent application of: Inventor(s): Paul K. Johnson For: AUTOMATIC DATA ENTRY INTO WIRELESS DEVICE DIRECTORY					
Enclosed are: 1. Patent application (13) total pages. 2. Drawings: Formal () sheet(s) or Informal (5) sheet(s). 3. Declaration/Power of Attorney: Signed Unsigned 4. This application claims priority from Application Serial No. , Filed , Status . 5. An Assignment () pages and Recordation Form Cover Sheet. 6. A Preliminary Amendment () pages. 7. Information Disclosure Statement (IDS): a. PTO-1449 b. Copies of IDS Citations (number of citations:) 8. Other:					
	CLAIMS:	(a) Filed	(b) Extra Claims	Large Entity Fee	Fee Paid
	Total*	33 - 20	13	x \$18 =	\$234
	Independent**	7 - 3	4	x \$84 =	\$336
	Multiple Dependent Claim(s): ☑ No ☐ Yes			\$280	\$0
	APPLICATION FILING FEE			\$750	\$750
		nn a is less than 20, enter mn b is less then 3, enter	TOTAL FEE	\$1320	
 9. ☐ A check in the amount of \$ is enclosed to pay the filing fee. 10. ☑ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$1320. The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment, to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing. 11. ☑ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 					

to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

CORRESPONDENCE ADDRESS

Signature:

Send correspondence to Customer No. 23696 at the following address:

QUALCOMM Incorporated Attn: Patent Department

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